

HUMAN REMAINS RELEASE FORM

FACILITY NAME:		FACILITY ADDRESS:	
DECEASED PERSON'S NAME:		DATE OF BIRTH:	SOC. SEC. # OR PT. ID #:
DATE OF DEATH:	TIME OF DEATH:	PHYSICIAN OR NURSE PRACTITIONER EXPECTED TO SIGN MEDICAL CERTIFICATION OF DEATH:	
		Name:	Phone #:
PERSON AUTHORIZING RELEASE TO FUNERAL ESTABLISHMENT OR RESPONSIBLE PERSON:			
Name:		Phone #:	Relationship to deceased person:

THE HUMAN REMAINS OF A PERSON WHO DIES UNDER ANY OF THE FOLLOWING CIRCUMSTANCES AS LISTED IN A.R.S. § 11-593(A) ARE REQUIRED TO BE REFERRED TO THE MEDICAL EXAMINER.

When a person:

- ☐ Dies not under the care of a physician or nurse practitioner for a potentially fatal illness
- ☐ Dies and the attending physician or nurse practitioner is not available to sign the death certificate
- ☐ Dies as a result of violence
- ☐ Dies suddenly when in apparent good health
- ☐ Dies in a prison
- ☐ Dies while a prisoner
- ☐ Dies in a suspicious, unusual or unnatural manner
- ☐ Dies from a disease or an accident that may be related to the person's occupation or employment
- ☐ Dies and may present a public health hazard
- ☐ Dies during an anesthetic or surgical procedure

WERE THE PERSON'S HUMAN REMAINS REFERRED TO THE MEDICAL EXAMINER AS REQUIRED IN A.R.S. § 11-593? YES NO

THE MOST RECENT DIAGNOSIS IN THE PERSON'S MEDICAL RECORD:

THE FOLLOWING INFORMATION IF THE DECEASED PERSON'S HUMAN REMAINS ARE BEING RELEASED TO:

- 1) A FUNERAL ESTABLISHMENT, OR
- 2) A PERSON AUTHORIZED UNDER A.R.S. § 36-664, TO RECEIVE THE DECEASED PERSON'S COMMUNICABLE DISEASE RELATED INFORMATION.

WHETHER THE PERSON HAD BEEN DIAGNOSED WITH OR WAS SUSPECTED OF HAVING, AS STATED IN THE DECEASED PERSON'S MEDICAL RECORD AT THE TIME OF DEATH (PLEASE CHECK ALL THAT APPLY):

- ☐ Infectious tuberculosis
- ☐ Human immunodeficiency virus
- ☐ Creutzfeldt-Jakob disease
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Rabies

* For a death that occurs in a hospital, if the deceased individual's human remains have been accepted for donation by an organ procurement organization under A.R.S. Title 36, Chapter 7, Article 3, and the person authorized in A.R.S. §36-843 has not made or refused to make an anatomical gift, whether the organ procurement organization has been notified that the deceased individual's human remains are being removed from the hospital. YES_____ NO_____

PERSON REPRESENTING THE HOSPITAL, NURSING CARE INSTITUTION, OR HOSPICE INPATIENT FACILITY WHO RELEASED THE HUMAN REMAINS	
Name (please print):	Signature:

* This item is not required for nursing or in-patient hospice facilities.